DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Approved for use through 9/30/00.OMB 0651-0032

22488-710

COMPLETE IF KNOWN

Jian-yun Dong et. al.

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

(37 CFR 1.63)			Applica	Application Number Not yet assigned			<u> </u>	
Declaration Submitted OR		eclaration ubmitted after Initial		Filing Date		Herewith		
with Initial Filing	U (urcharge R 1.16(e))	Group	p Art Unit Ur		nknown		
	required	` ''	Examiner Name		Un	Unknown		
								
As a below named Invento	r, I hereby decl	are that:						
My residence, post office a	iddress, and cit	izenship are as s	tated belo	w next to my na	me.			
I believe I am the original, names are listed below) of								
METHOD AND COMPOSITION FOR TREATING TUMORS THROUGH FAS LIGAND-INDUCED APOPTOSIS								
the state of high		(Titi	le of the Ir	nvention)	, , , , , , , , , , , , , , , , , , , ,			
the specification of which is attached hereto OR								
was filed on (MM/D	D/YYYY)	11/05/99		as United	States Applica	ition Number or F	CT International	
Application Number PCT/US	599/26221 and	d was amended o	n (MM/DI	D/YYYY) <u>06/30</u>	700 (if applica	ble).	·	
I hereby state that I have amended by any amendmen			contents	of the above id	lentified specif	fication, including	the claims, as	
I acknowledge the duty to dis	sclose informati	on which is mate	rial to pate	entability as defi	ned in 37 CFR	1.56.		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or [365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)				Prior Not Cla		Certified Co YES	py Attached? NO	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:								
I hereby claim the benefit une Application Number		19(h) of any Unit Filing Date			lication(s) liste	d below.		
			1/06/98		numb suppl	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.		

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

US

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utilit	y or Design	Patent A	pplication
-----------------------------	-------------	----------	------------

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Parent Filing Date Parent Patent Number (if applicable) (MM/DD/YYYY) U.S. Parent Application or PCT Parent Number Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number 021971 Place Customer Number Bar Code Label here Registered practitioner(s) name/registration number listed below Registration Registration Number Name Number Name 44,608 Shirley Chen Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. 021971 OR Correspondence address below or Bar Code Label Name Shirley Chen Wilson Sonsini Goodrich & Rosati Address 650 Page Mill Road Address ZIP 94304 CA State Palo Alto City 650-493-9300 Fax 650-493-6811 Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) Family Name or Surname DONG JIAN-YUN Date Inventor's Signature us Citizenship CN **Mount Pleasant** State SC Country Residence: City **Post Office Address** 1326 Chrismill Lane **Post Office Address**

Mount Pleasant

Additional inventors are being named on the

State

ZIP

29464

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

Country

City

Please	Type :	a plus	sign	(+)	inside	this	box	

PTO/SB/02A (3-97) Approved for use through 9/30/98,OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECL	ARA	TIC	NC
------	-----	-----	----

ADDITIONAL INVENTOR(S) Supplem ntal Sheet Pag 2 of

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)				Family Name or Surname					
JAMES S.				NORRIS					
Inventor's Signature									
Residence: City	Mount Pleasant	asant State SC Country US Citizenship US						us	
Post Office Address	1010 Caseque Pr	1010 Caseque Province							
Post Office Address							T		
City	Mount Pleasant	State	sc		ZIP	29464	Country		US
Name of Additional Joint Inventor, if any:						inventor			
Given Name	(first and middle (if	fany)		Family Name or Surname					
Inventor's Signature							Date		
City		State		Country			Citizenship		
Post Office Address									===
P st Office Address									
City		State		ZIP			Country		
Name of Additional	Joint Inventor,	if any:			A petition h	as been filed fo	r this unsig	ned	inventor
Given Name (first and middle (if any)				Family Name or Surname					
							·		
Inventor's Signature			r -				Date		· · · · · · · · · · · · · · · · · · ·
City		State			Country		Citizensh	nip	
Post Office Address									
Post Office Address									
City		State			ZIP		Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.